UNITED STATES

RECEISE CURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
202 PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



	SEC USE ONLY								
	Prefix			Serial					
		DATE	RECEIVE	ĒD					
				<b>.</b>					
[nte	erests								
	Section 4(6)		ULOE						
-									
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Name of Offering ( $\sqcup$ check if this is an amendment and name has changed, and indicate change.)										
Goldman Sachs Global Tactical Trading III, LLC: Units of Limited Liability Company Interests										
Filing Under (Check box(es) that apply):	Rule 504 □ Rule 505 ☑ Rule 506	☐ Section 4(6) ☐ ULOE								
Type of Filing: ☐ New Filing ☐ Amendmen	nt									
A. BASIC IDENTIFICATION DATA										
Enter the information requested about the issuer										
Name of Issuer (☐ check if this is an amendm	ent and name has changed, and indicate change.)									
Goldman Sachs Global Tactical Trading II	II, LLC									
Address of Executive Offices (Ne	umber and Street, City, State, Zip Code)	Telephone Number (including Area Code)								
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540 (609) 497-5500										
Address of Principal Business Operations (if different from Executive Offices)	Telephone Number (Including Area Code)									
Brief Description of Business	Brief Description of Business Description of Business									
To operate as a private investment fund.		INCINSON								
Type of Business Organization										
□ corporation	☑ other (please specify									
☐ business trust	Limited Liability Company									
Actual or Estimated Date of Incorporation or Organization:  Month Year  0 4										
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction )  D E										

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☑ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or
Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Princeton LLC (the Issuer's Managing Member)
Business or Residence Address (Number and Street, City, State, Zip Code)
701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Clark, Kent A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member
Full Name (Last name first, if individual)
Lawson, Hugh J.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Levy, Tobin V.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Walker, George H.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply:
Full Name (Last name first, if individual)  Gall, Natalie M.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Judge, Karen M.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

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A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Kioko, Janice A.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or  Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		·		B. INI	ORMAI	ION ABU	OI OFFI	LKING					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ☑				
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?								\$	00,000*				
*Managing Member, in its sole discretion, may accept subscriptions below the minimum.  3. Does the offering permit joint ownership of a single unit?									Yes ☑	No □			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									offering. th a state				
	(Last name Sachs & C		ividual)			•							
Business o	or Residence	Address (N	Number and	Street, City	, State, Zip	Code)						······································	
85 Broad	Street, New	York Nev	York 1000	04									
Name of A	Associated B	roker or De	ealer	•									
	Vhich Person										☑All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
ruii ivaine	(Last name	mst, n mu	ividuai)										
Business o	or Residence	Address (N	Number and	Street, City	y, State, Zip	Code)	<u> </u>						
Name of A	Associated B	roker or De	ealer								. · · · · · · · · · · · · · · · · · · ·		
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers				* 103.00 - 101			
(Check "All States" or check individual States)													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	(Last name			[171]	[01]	[, +]	[ + 1 1 ]	[,,,,,	[,, ,]	[112]	[** *]		
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated B	roker or De	ealer	•	·						,		
States in Y	Which Dozes	n Listad Lia	e Solicited	or Intende +	o Soligit De	rohacaro							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0	\$		0
	Equity	\$_	0	\$	-	0
	☐ Common ☐ Preferred	· <del></del>				
	Convertible Securities (including warrants)	\$	0	\$		0
	Partnership Interests	\$_	0	\$	_	0
	Other (Specify) Units of Limited Liability Company Interests	\$	120,305,459	\$		120,305,459
	Total	\$	120,305,459	\$	_	120,305,459
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		_54	\$		120,305,459
	Non-accredited Investors		_0	\$		0
	Total (for filings under Rule 504 only)		N/A	\$		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	\$		N/A
	Regulation A		N/A	\$		N/A
	Rule 504	_	N/A	\$		N/A
				<b>\$</b>	_	
	Total	_	N/A	Ф	_	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		0
	Printing and Engraving Costs			\$	_	0
	Legal Fees		☑	\$		79,400
	Accounting Fees			\$		0
	Engineering Fees		_	\$		0
	Sales Commissions (specify finders' fees separately)		_ Ø	\$		360,916
	Other Expenses (identify)			\$		0
	Total		<u>□</u>	\$		440,316
	I VILLE		<u>(7)</u>	Ф	_	T4U,J1U

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	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS		
	<ul> <li>b. Enter the difference between the aggreg</li> <li>Question 1 and total expenses furnished</li> <li>difference is the "adjusted gross proceeds to</li> </ul>	in response to Part C - Question 4.a	. Th	s		·\$_		119,865,143	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.									
					Payments to Officers, Directors, &			Payments To	
	0.1 :			•	Affiliates	_	•	Others	
	Salaries and Fees			\$ <u>_</u>	0		\$ -	0	
	Purchase of real estate			\$ <u>_</u>	0	_ 🗆	\$ _	0	
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0	_ 🗆	<b>\$</b> _	0	
	Construction or leasing of plant buildings at			\$ <u>_</u>	0	_ 🗆	\$ _	0	
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0	
	Repayment of indebtedness	epayment of indebtedness				_	\$	0	
	Working capital				0	-	\$	0	
		Working Capital							
	Other (specify): Investment Capital			<b>\$</b> _	0	_ 🗹	<b>\$</b> _	119,865,143	
	Column Totals				0	- <b>⊠</b>	\$ _	119,865,143	
Total Payments Listed (column totals added)					☑ \$				
		D. FEDERAL SIGNATU	RE					ſ	
fe	The issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the issuer.	by the issuer to furnish to the U.S. Se	ecurit	ies an	d Exchange Comr	nission,	upor		
Iss	uer (Print or Type)	Signature			Date				
Goldman Sachs Global Tactical Trading III,					October 12, 2004				
Na	me of Signer (Print or Type)	Title of Signer (Print of Type)							
Na	atalie M. Gall Vice President of the Issuer's Managing Member								

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

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